

PART B - FEE(S) TRANSMITTAL

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7590

10/15/2002

BAKER & BOTTS LLP
30 ROCKEFELLER PLAZA
NEW YORK, NY 10112

see #15

James V. Costigan
 Hedman & Costigan, P.C.
 1185 Avenues of the Americas
 New York, NY 10036-2646

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James V. Costigan

(Depositor's name)

[Signature]

(Signature)

January 15, 2003

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/470,467	12/22/1999	ROBERT F. MARGOLSKIE	AP-32225-070	6178

TITLE OF INVENTION: INHIBITORS OF THE BITTER TASTE RESPONSE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$640	\$0	\$640	01/15/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
JONES, DAMERON LEVEST	1616	424-009200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Hedman & Costigan, P.C.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Mount Sinai School of Medicine
 of New York University

New York, New York

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

☒ Advance Order - # of Copies 10

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(Date)

January 15, 2003

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01/23/2003 SSESHE2 00000062 081540 09470467

01 FC:2501

02 FC:8001

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